## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/20/2010</u>	Address:	2441 W. 250 S. Lot 121	
Case #;	24F31908		Warsaw, Indiana	
County:	<u>Kosciusko</u>		, Marsaw, marana	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Residence	☐ Hotel/Motel	
Dumpsit	te (only)	☐ Outbuilding ☐ Vehicle	☐ Open – No Structure ☐ Other:	
<u>Items Foun</u>	d: Location (bedroom, kitchen, open a	ir. etc)	<del></del> -	
(coeck all that apply)				
Lithium/Ammonia Reaction(s): open air/master bedroom				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: master bedroom				
Water Reactive Metal (Lithium): open air/master bedroom				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): <u>open air/master bedroom</u>				
Corrosive Acid: open air/master bedroom				
Corrosive Base: open air/master bedroom				
Other (item and location):				
Child under	age 18 discovered (check one)	Investigativa	Informatia	
∐ Yes ⊠ No	(number present)	Ephodrine/	Investigative Information  Pphedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:LE	
	rt to Child Protective Services	<u>∟</u> Refail/Mor		
This report is	s to be faxed to the following agend	ries that serve the loc	ation.	
Fire Departme	ent: WARSAW FIRE DEPT	l'ax: <u>5</u> 7 <u>4-37</u> 2		
Health Department: Kosciusko County		Fax: <u>(574) 2(</u>		
Child Protection Service: n/a				
For further int Investigating (	ormation regarding this methamphet Officer: <u>Tpr. Jeff Wampler</u> Phone	amine laboratory, con 574-546-4900	tací	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.